



**Commonwealth of Pennsylvania - Campaign Finance Report**

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	86-0256513	Report Filed By (Mark X)	<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	FRIENDS TO ELECT THERESA SMITH				
Street Address	c/o 1409 CARNAHAN RD				
City	PITTSBURGH	State	PA	Zip Code	15220

Type of Report (Place x under report type)

1- 5 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year			Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	2/1/2017	2/28/2017	
A. Amount Brought Forward From Last Report	\$	4297.51	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	4297.51	
D. Total Expenditures (From Schedule III)	\$	3500.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	797.51	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

**Affidavit Section**

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3<sup>rd</sup> day of March 20 17  
 Rita M. Martini  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Signature Rita M. Martini, Notary Public  
 City of Pittsburgh, Allegheny County  
 My Commission expires My Commission Expires Aug. 1, 2019  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Lori A. Marshall  
 Signature of Person Submitting report  
 Printed Name Lori A. Marshall  
 Area Code 412-417-5398  
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

3<sup>rd</sup> day of March 20 17  
 Rita M. Martini  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Signature Rita M. Martini, Notary Public  
 City of Pittsburgh, Allegheny County  
 My Commission expires My Commission Expires Aug. 1, 2019  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Theresa Koil Smith  
 Signature of Candidate  
 Printed Name Theresa Koil Smith  
 Area Code 412  
 Daytime Telephone Number 969-4991

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	80-0256513
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
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Total for the reporting period	(1)	\$	
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
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Contributions Received from Political Committees (Part A)	\$		
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All Other Contributions (Part B)	\$		
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Total for the reporting period	(2)	\$	
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)	\$		
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All Other Contributions (Part D)	\$		
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Total for the reporting period	(3)	\$	
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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Total for the reporting period	(4)	\$	
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$		0
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SCHEDULE III  
Statement of Expenditures

File Identification Number:	80-0256513
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To Whom Paid	Allegheny County Democratic Committee	Date [MM/DD/YYYY]	\$ 3,500.00
House #	Street Address	Description of Expenditure	
City	State	Zip Code	ELECTION FEE

To Whom Paid		Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

To Whom Paid		Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

To Whom Paid		Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

To Whom Paid		Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

To Whom Paid		Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

To Whom Paid		Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	

To Whom Paid		Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure	
City	State	Zip Code	